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CONFIRMATION NO. 2654

<b>SERIAL NUMBER</b> 09/763,037	<b>FILING OR 371(c) DATE</b> 07/24/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> UF-219XC1	
<b>APPLICANTS</b> Ben M. Dunn, Gainesville, FL; Janet K. Yamamoto, Gainesville, FL; Maki Arai, Gainesville, FL;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/11940 05/28/1999 which claims benefit of 60/087,281 05/29/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 02/04/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23557					
<b>TITLE</b> COMBINATION THERAPY FOR TREATMENT OF FIV INFECTION					
<b>FILING FEE RECEIVED</b> 495	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		